

The form of different approaches Now clearly, these couldn't have been

been a very outspoken critic of vaccine. Health Departments of conductance response to COVID-19. And look, we're speak to you because you're one of the few doctors is done to his Hippocratic Oath with do no harm. And, you know, hats off to you. Now, tell us about your journey. So far when it comes to the COVID scam.

Scott, I think I think like I did with the Coronavirus Council, an understanding of the journey things a lot of things into light, because we got a timeline and different things happened in different parts of that timeline and bits of information were missing. At that time. And it led us down a certain path. Now, when COVID came to serve first came to South Africa. I already had certain information that informed what it was going to do. I knew that we're dealing with an unusual contagious pathogen. The jury was out with a virus, but we knew we had a pathogen that was clearly contagious. It was transmissible and it caused a very unusual illness. So I started looking at all the inflammation around the globe. And when the sequence for the viral genome was first published, there was an analysis between that and each ancestry. And clearly you could see in that genomic sequence, that there was an insert in it as compared to its ancestry. Now, nature when it replicates genetics, it tries to do it as accurately as possible and that's the reason we look like our parents and we share similar traits, because the DNA replication is very accurate. So if you have a mistake, it's just one base pair that would it's like one letter in a word in a sentence that gets misspelled but this clearly was an entire sentence inserted into the genome. And it definitely was not natural. So at the back of my mind, I knew that I'm probably dealing with a lab made virus, whether intentional or not, and so I needed to look at it in that light. So when the virus came to South Africa, I decided to take up the opportunity and examined my patients to make sure that they were safe. I wasn't going to do telemedicine. I think we needed to examine patients to figure out what was going on. And very early on I realized I'm dealing with a biphasic illness. Every patient got a flu, flu like symptoms with a scratchy throat and of course in the first trade

loss of smell and taste. That was a very typical symptom of alpha COVID infection. And so I use the loss of smell and taste rather than a PCR test to tell me who's to instruct me as to Scott COVID. And looking at that population of patients, a majority of them got the flu within a few days for over it and fully recovered. There was a small percentage, I'd say about five to 10% that had a second phase, and that second phase started on HD, one week after the onset of the initial illness. It progressed very rapidly, and within two or three days from the onset on the HD. Patient was critically ill to be attended in ICU was breathless. And so I needed to examine that second pot to figure out what was happening. I found that look, there's only two things that would actually get you to decompensate that quickly. And it's an allergy to an allergen or a venom. So if you had a bad allergic reaction, and now you weren't addressed invasively autonomously, you progress very quickly, quickly into an ICU. And the same with vision ventilation. So it was one of these two things that I had in my mind was going on. And so on the eighth day I changed course of treatment and started treating it like a hypersensitivity. Trigger. That was going to lead to hyperinflation if not addressed aggressively, and but almost immediate, good results. Clearly speed to recovery will dictate whether your treatment intervention is appropriate or not. And antihistamines proved to have the quickest speed to recovery in returning patients oxygen saturation spectrum. Clinically, these patients that were breathless when they presented they had no signs of viral pneumonia. They weren't acutely ill they had no fever. They had no productive cough. They were just very breathless. And that's what drew my attention to the fact that this is unlikely to be a prolongation of a viral illness because they all had recovered before, worsening again on the day. So clearly a good natural immune response to the virus. So I was under the impression that we're dealing with an allergic reaction to some kind of viral debris. And that was what I was doing from the start, and it informed the way I treated patients. But the jury was still out as to what was causing the allergic reaction. And whether this was intentional or not. I knew it's a lab made virus and I knew I had a biphasic illness. Clearly Scott with an allergic reaction. We knew in the first way that people over 55 were dying, but it had no clear relation to comorbidity. I had patients 60 years old who ran 10 comrades who have never had any chronic illnesses. Which unhealthy and demised with a bit or when they got COVID. And I've had heard of other patients 90 years old with every comorbidity you could think

of and they survived it. So clearly there wasn't as clear cut comorbidity influencing the illness itself. That's what also galvanized my understanding of this being an allergic trigger. A bee doesn't care whether you're fat or thin or diabetic, He just cares whether you're allergic to insect and it'll kill you. And so that perspective was was hypersensitivity that informs their perspective as well. When you get your first listing. If you're allergic, nothing happens. You've got to form inappropriate antibodies because you're allergic so on the first piece to allergic to bee stings, nothing happens to them. But the second beasting you have the antibodies now and you'll have a very severe reaction. So it was strange that they drew this line at 55 and said people over 55 Were getting infected in the first wave. But from the perspective of hypersensitivity, I mentioned in that initial article that I wrote that it's likely that people over 50 were previously exposed to something that sensitize them so they already had these, these antibodies that were unnecessary because they allergic and so when they were exposed to the virus, they react. But people below 55 means born in the last 55 years. Were not exposed to this and so they were naive. And so when they got the virus they didn't react. But the problem with that was, if they didn't react, they the allergic ones would have been sensitized by the first wave, and from the second wave onwards, we would see younger people start to have the severe reaction, because they are now sensitized. And clearly around the world we saw that he built from from the second wave on which young people started to be affected by this and we can't have healthy 25 year olds die at home, two or three days after getting restless and not recognize that we're dealing with an unusual illness. Colleagues of mine have passed away. A lot of people were injured by this. So I don't believe that there wasn't any illness per se some people think that the initial illness was just a hoax. And you know, the government brought in lockdown measures I don't think humanity is that naive to be conned into thinking it's a lethal virus when it's not. We what happened was people saw family members who were well suddenly die. And that scared them. A lot of my patients even though I explicitly explained to them the toxicity of the vaccine still went and took it simply because they had a family member antagonists we die and they got Teddy and decided I couldn't have that happen to me and Winston took the vaccine. So we are dealing with this unusual illness.

mortality. Okay, yeah, so we just watched you for a second that carry on

Sorry, guys. Oh, we you're back here. We just want you for a couple of seconds. Yeah.

Okay. Clearly, my staff actually pushed me to write this article. I knew I was seeing good results. Patients that were coming in quickly here when we contacted them the next day, they were washing the car or doing the dishes or you know, they were back to normal and other doctors that I that I educated got the same result. So they asked me to please write an article on it. And I stopped putting together in love with them and said, you know, you do know I'll be taking on the World Health Organization with this, because clearly they were making nonsensical recommendations about doctors not seeing patients closing your practice, you know, that.

Just wait for Shankara to come back to us. I think there's someone trying to call him. Okay. Thank you for joining us tonight. And we're talking to Dr. Shankar Chetty and he's just take us through his history of basically, the COVID-19 scan and the experimental use authorization drug. You're back Shankara

Can you hear me? Yes, see, I

can hear you. We

Where did I go off

you went off about 30 seconds ago.

Okay. Yeah. So clearly, we were having an unusual illness. When we got to the second wave of the pandemic, Scott. The only thing that had changed in that second variant was the spike protein. The mutation had affected the spike protein. Now, the spike protein is a receptor that binds the virus to this host. And of course, understanding that this was a leak or a lab engineered virus. It's the spike protein that I was suspicious of as the trigger for the reaction. It was the new part of the virus. And if you go we've been exposed to Coronavirus as before with no problem. And of course, when you go to a new place, there might be something new that you might react to. And so I kept one eye on the spike protein. So when we had that mutation in the

second week, I noticed a more contagious virus spread much quicker with it had affinity for Easter receptors in the gut. So that ties in with Spike the change in spike protein. But on the eighth day, I was having a far more severe allergic reaction that required a higher dose of steroids and a far more aggressive intervention to turn it around. So clearly it was the spike protein triggering that reaction. And it was at that point around September 2020. That I became very afraid I'd say simply because I knew that spike protein seemed to be the most toxic part of this virus and it was triggering a hypersensitivity reaction. And I knew that it was being used in the messenger RNA vaccines. The vaccine was meant to make you make spiked protein, and I thought that was very dangerous. We could have used a another non lethal part of the vaccine. So straightaway, I started talking out against the vaccines to say look, this is a dangerous thing we do it. We have to stop it. But of course, no one listened. And of course, Scott, when I published this, when I wrote this article, I shared it freely with everyone I could think of it this is information that would save people that needed to be shipped free. So I wrote to every journal I could think of around the world. I shared it with our Minister of Health. I shared it with a few politicians I knew I shared it with with the modern medicine here in South Africa, an academic journal. I then at the same time sent it to my principal of my college in India. That's where I got my education from. So I had to show the respect and send it to him. I posted it on Whatsapp group of colleagues of mine that were in final year. So first time in 20 years, I posted anything on the group. And my principal contacted me within two hours to say it's the most meticulous piece of science he's seen. He congratulated me and he said he'll use it in our hospital, in Mysore. The group that I posted it on, we had a three week discussion about all the ins and outs of COVID. From my perspective, it answered all their questions. So I think India was the first country to understand what I was talking about and start treating appropriately. I did in my article mentioned doxycycline as prophylactic ivermectin, this prophylactic hydroxychloroquine is a good antiviral. And so, India made the Z pack with doxycycline, ivermectin and zinc and handed it out in the first wave to everyone they could think of. And India negated any problems in that first week. So, the journalists wrote back to me to say to controversial Oh, you are not a subscriber. So you got to subscribe to us before we consider publishing your work. And these are supposed to be the custodians of knowledge. And I was a bit surprised that I

was giving them this something that could change the course of the pandemic on a platter and they refuse to look at it. A friend of mine from India has a job at the CDC. And he got wind of my work, and he contacted me to say this is something you should present to the CDC. And this was in August. Yeah, August 2020. The CDC sent me a letter to say they're interested in me presenting my work to them, but never followed up. I watched I thought, well, you should have followed up timeously Because this is vitally important information. They eventually waited for the vaccine to get rolled out in December 2020 in the States, they contacted me in January to say we're still interested about you presenting and I said, Yeah, fine. You tell me when and that fell away again. So they were aware of what was going on, you know, and because at that point, I started to be very suspicious. That there's something more going on, if you can negate the mortality and morbidity Why would people want to know, you know, when we got to 2012, early 2021 The vaccine was being rolled out to old age homes. It was being pushed more for the those efforts, the elderly, the frail. So yeah, I was watching it to see how far would they go with this? At that point in time, it looked normal, in that they were just giving it to the people at risk. And I knew that it's a novel vaccine untested experimental, should not be used widely till we get enough data on its safety, because we got to analyze risk benefit ratio. If the risk outweighs the benefits, then we don't take it and we didn't know the risk at that point. And of course, the benefits seem to be dubious. They said 95% effective, but as soon as the vaccines rolled out, I saw patients fully vaccinated, getting COVID and I knew clearly, this wasn't stopping infection. I saw other family members getting infected. It wasn't stopping transmission. So I think within a month of the rollout of the vaccines here in South Africa, I lost faith in them. I knew they weren't working. But they pushed it either way, it came out. I also witnessed Scott that true suspicion, a deliberate attempt to suppress early treatment. hydroxychloroquine was something that we spoke about before the pandemic came to South Africa. I was watching things around the world and I saw that they were using hydroxychloroquine. And I use it regularly in my practice, for the treatment of rheumatoid arthritis and that kind of thing. And I know that it's a broad spectrum antiviral. It's been used by militaries around the world to protect the soldiers when they go into different climates. You can't have a Sikh army hoping to defend you. So I knew that this was one drug that might have some benefits in curbing the viral illness.

And so when I saw the lancet piece about how dangerous it is, I was shocked because this medication doesn't have that kind of safety profile. And I realized there's going to be controversy you could see that the lancet article was met publicized, even though it looked incorrect. So before we got to our country, I sent scripts to every friend or relative I knew to go and buy up as much plasma Quinn as they could from any pharmacy that was willing to dispense it. And that was on a Friday and a Saturday. And strangely on the Monday the government banned hydroxychloroquine or plasma Quinn and took it all off the shelves. So I was lucky I had and I packaged it in Twinkies and the country giving it to everything. Family Member acquaintance I knew, so that when the pandemic came, at least they were a little prepared. I didn't know what I was facing Scott. So yeah, we we needed to be prepared with whatever information we had. Initially the lockdown and the masking seemed sensible if it was going to be for a short space of time, to give us a lag period to understand what we're dealing with. But I clearly knew that those measures, if prolonged, for any reason, would have implications, disastrous implications. So if you're dealing with something unknown, fair enough, we need a few extraneous measures, but with those extraneous measures, they can't be indefinite because they harmful. So in that time, we wanted to get the hospitals ready, understand the virus, isolation centers, all that kind of thing, but none of that seemed to happen. The lockdown just got extended and extended. And that was nonsensical. You know, so so that initial phase of the pandemic, I could see all the controversy brewing in the hydroxychloroquine. ivermectin became the second target job. When I mentioned one to do cost. I see the world health organization they put a red flag on it. But once you look past has been given for decades, and we start kids at about two years old. on it. And it's an absolutely safe drug. So I couldn't understand the red flag, but I knew everything I said, but red flag. And even though it works, they found a way to work around it and call it dangerous. So I knew with a campaign of misinformation that on Republic strategy.

I got silence in South Africa. Scott, nobody contacted me after the article was published. It went out to 35,000 doctors in South Africa, what medicine is one of the largest academic peer reviewed journals in the country. And the editor was so excited about publishing this article. So excited about the science and you know, what I discovered? He contacted me actually a few

months later to say what the hell's going on. Nobody's contacted us. It seems very silent. We're hearing crickets. And I said, Yeah, well, we're gonna have to figure out a way but it's at that point, I thought, you know, the only way to solve the pandemic is to educate doctors who are willing to learn and educate the public about the ACA. If they take a turn, it's dangerous, get to your doctor immediately. Time it. You'll know exactly what this illness can do. And I did two interviews on Capitol radio here in South Africa early on that was in October November 2020. And the review of those interviews were that the information brought hope and restored some thing. It took away fear just by getting information. So I thought it would be ideal to spread this message myself around the world. Steer clear of the governance structures, they will try and then meet. And so I quietly educated friends family, and I went on to LinkedIn at that point. At that point, Scott, when I went on to LinkedIn, I was I was worried about the vaccines really worried about the vaccine campaign. And the only person talking out against the vaccine was Kip VandenBosch. And he was saying that you shouldn't be vaccinating within the middle of a pandemic, and that's true. And so when I saw that he was against the vaccine, I needed to get in touch with this man and have a chat with him because he was the only one speaking. And so my wife got me onto LinkedIn. We posted my articles there and of course on LinkedIn, you can comment on articles. And with my comments, Professor Chris Newton was the head of molecular biology in Edinburgh contacted me to say I'm amazed at what you've found. Oh, he first contacted me to say that your your comments on all these articles seem very strange. You have a very different perspective from all the other researchers and commentators. Where can I see your work and when he read my article, it made so much sense to him. He contacted me the next day and said the world needs to know this. They're missing the boat. Phillip McMillan contacted me that very day that weekend, we had an interview that went viral around the world. It was that interview that I mentioned that spike protein is the pathogen of COVID illness, and it's the cause of all the mortality and morbidity and this is not the virus. We've been stung with the bee and everyone's chasing the beat rather than treating the sting. Right? And we're going to have this mortality. That video went viral. But more importantly, Scott, a lot of researchers around the world were fighting about whether this was a viral illness that was killing people. Or whether it was an infectious inflammatory cytokines don't killing people. And when I brought

in the perspective of the AIDS Day and the change from a viral phase to a hypersensitivity mediated inflammatory phase, it made sense to them. So a lot of the researchers contacted me and said, Please, we want to republish our articles using your perspective. And so I had this collaboration suddenly with a lot of researchers around the world. And of course, the two main ones were Marcus Sanchez, and Kennedy. In August September 2020, they published an article, they were aspirating fluid from COVID patient's lungs, and they found a very high concentration of histamine in that fluid and use Snuffles. Now that indicates an allergic process. So they wrote an article to say that they have the opinion that the lethality of COVID illness is caused by a hypersensitivity reaction, rather than a viral infection. And they put all these findings in there. So when I saw that I contacted Marcus and Kenny, and we had this long discussion, it's like two people in the world saw it and we managed to meet each other. And so I had this open discussion with researchers around the globe. There were a few researchers working with the Department of Defense in the states that contacted me, Nicky Eisenhower, a few others, and we have long chats about what I had found how this impacts on the pandemic how do we move this forward? But at that point, Scott, the the Department of Defense, the FBI, the CIA, we know that they're very partisan organizations. They've got factions in them. And of course, I didn't want to really get involved in that. Simply because threaten my life. I was putting my life in danger. But I knew that there were people in the Department of Defense I could trust that came to me immediately and warned me and acknowledged what I discovered. A few a few months. After a month or two later, I got a message on LinkedIn from a gentleman wanted to converse with me. He he wanted to share classified information with me, wanted me to get a different cell phone, contact him on a different platform broadband. I ignored him because I was unaware of where this will lead. But eventually he sent me a message a month later to say please, Doc, Nicky gave me your number, one of the researchers I know. And so I thought, Well, if he knows nickels in touch with him, and let's see, what's this about? I got my son cell phone and loaded that platform on and sent him a message and he phoned me immediately. We share information, he wants you to know what I know. And he was willing to tell me what he knew. Obviously, he was one of those that was in the right faction of the CIA trying to find the problem. He was unaware of the extent and what was happening so he asked me whether I thought this was a natural infection.

And I said, No, people don't just turn on the eighth day that way. Why not the seventh? Why not the ninth? Why always the eighth? That's an unnatural thing to happen. And then he asked me if I think that this is a natural virus. I discussed with him the insert or the other 20 years of research at the wine lab that went into coronaviruses and spike protein. And he was pleased because we were on the same page. He actually felt relief, because he said you know your people won't believe this, but I'm glad you well aware of what's going on. And then I explained to him I said you know the virus is not your concern. It's the spike protein that was engineered on it. And that's the toxin. That's what's toxic. And he had a good chuckle of Scott and he said, you know, Dr. Chetty, we've been we know that this was an ordinary flu virus that was weaponized with the military grade package. And we as the military have spent millions trying to figure out this package and how it's meant to cause the mortality and morbidity. And he said, there I see this video, and you're talking to Philip, and you mentioned spike protein and it's VAT and he says, I ran up my boss who does video to say, Hey, you got to watch this. And he said, he laughed and he said, you know, my boss saw what you said and he fell off his chair. And he said, please contact this doctor. He knows what's going on. And we had Scott, we had a long conversation about it. I mentioned to him, I said, Look, if spike protein is the toxin, why are we using it in a vaccine? It's the worst thing. You know, this is a toxic protein. And he said he told me, he said, Look, the global vaccination campaign has nothing to do with health care. It is the second part of a global military strategy. And he stayed on uncertain terms. He said Dr. Chetty, you watch, they will insist every person on this planet takes this vaccine whether they like it or not. And they will go to the extent of curbing people's human rights and freedoms and to the extent of mandating it. And so I thought, well, some sounded terribly scary, but he wanted my help for humanitarian aid around the world. They wanted information from me about the toxicity of Spike protein in the vaccine, because I had eyes on what what I expected to happen because I saw what happened with spike in the in the flyers. And I think they had intention of collecting information about the toxicity to allege that the presiding US government was intentionally harming its population through a vaccine campaign. And I knew from confidential sources, that their intention was to stage a military coup. They kept seeing the violence coming back. And that was in the that was in August, August 2021. He kept saying Biden's coming back, but there was

no election in sight. And so I knew I'm dealing with a very disastrous kettle of fish. I mean, the the the guy that spoke to me in no uncertain terms mentioned that he considers me one of the most smart men on the planet, because they had it adversely affected a multi trillion dollar industry in the vaccine by understanding what spike.

Yeah, we had a long chat. We spoke a few times after that, Scott, but everything that he said came to be true. And so I needed to know whether I was dealing with our lab or whether this was an engineered pathogen. Now the response to that would tell me everything. If it well it went missing, you don't know whether you mislead it or someone stole it, but what followed will give you information as to what the intention was behind the app. And so if it was a lab leak, they would have confined it, kept it under wraps, tried to solve the problem and not blown it out of proportion. But if it was something to impact the entire planet, then gladly blow it out of proportion, as much as you can. And when I saw what was happening, I knew there was an agenda, definitely an agenda. And when I noticed the certain countries in the world going down the path of mandating the virus, clearly I knew that what I was told was coming through in front of me it was coming through. Now. Like I said, a toxin, like a kind of insecticide on my desk. It's a toxin, but it hasn't killed anyone and it's not meant to kill anyone. But if you drink it, then you've made a bad choice. And if if that was your choice to drink it, you realize that was not a very good choice, but the day that I decided to mandate it and force you to drink it, then it becomes a poison. And is a criminally Yeah, can discriminate. But I saw the mandates. I understood the criminality. Right. And when I saw that happen, I knew I have to speak out but I knew it would threaten my life. So we were at that time hosting a Caribbean Summit. I had already spoke at the Bahamas and a few other places around the world about what I found. But I wasn't really I said, look, the vaccines are dangerous, but I wasn't giving the full picture you know, sometimes God, humanity is not ready for the full truth. And they might put you at the stake if you say yes. And so at that Caribbean Summit, there was a discussion about all at the close. There was a discussion about all this controversy. Why the vaccine if it's not stopping transmission, the illness itself the nonsensical nature of the interventions. And so I just mentioned, look, if you don't understand the agenda, everything looks nonsensical. But if you understand the agenda, then everything makes sense. And someone

asks you, what do you think the agenda is? And I thought, well, there's my opportunity. And so I mentioned it. I said that spike protein is though, is the most elaborately well designed toxin man has ever made. And it's meant to kill billions without realizing that you were poisoned because it will have a diversity in the way it kills. So you won't attach that to the poison and it will kill in a very broad timeframe. So some people will die within a week, some within a month, some within a year, some within five years, and we will never be able to patch it together and say we were poisoned because the poison tends to kill everyone the same way, the same timeframe. You know, and when I said this, the chat group went crazy. Someone recorded that video. I didn't expect it to be recorded. It was meant for the we had about 1000 people on that Zoom meeting. And I expect one of them will be held open 1000 eyes and someone will take up this take up this fight.

Unfortunately, someone recorded it that went viral. I think you've got over a million views on Twitter. In its first day, Putin rejected Donald Trump he shared it on his 2022 campaign. Craig Kelly in Australia reciate it. There are articles being written about the stock chain for Deadwood claiming this as genocide. It creates the whole step, but then I step back I thought I couldn't see people committing suicide without me saying something, you know, and so I said it and I stepped back and I thought, well, let's watch and see how that plays out. Because I have all this information. Let's see what happens. Then I got contacted after that summit by a guy as you mentioned his name. I think everyone knows him right now tell brown Tao is the head of Special Operations with the United States Department of Defense. And again, he contacted me on the side, separate platform to actually have a Zoom meeting with me. Now Todd Brown is the next South African and when we had the zoom, he was all excited. He said, Ah, you know, your South African guys, we can we can start to work out and I'm so glad you found this. It's a it's an it's amazing how you managed to figure this out. And we had a chat about my treatment. And there again, Tom mentioned to me, he said, you know, Dr. Chetty, there's two ways that people can die. So suddenly one yes, hypersensitivity reaction going untreated. The second is an envenomation. And he asked me to do the global envenomation and I discussed and I said, you know, tell if it was an investigation, the one thing that doesn't gel is that I am seeing that whatever is causing this problem is transmissible. One person gets it in a daily to the family member gets it and two days later, someone else has it and the venom is not transmissible in

that way. You know, and then and then ventilation will have a constant affectation to a population if a snake bites 10 people and you don't treat them 10 People that attacked not I'm going to die and five survived it like nothing happened. You know? So I said those are the little things that seem not to my attention to an investigation. But he mentioned to me he said, Please, just keep this at the back of your head, because the US Department of Defense has been looking at how to weaponize snake venom for the past 50 years. And he was aware of that research and he said, Look, when I saw this, the first thing I thought was that it's killing people so quickly. So we had this discussion. I kept that at the back of my head. And I knew okay, this there's something sinister going on. And this was intentional. What really was the icing on the cake, Scott. There were two things that transpired at the end of 2021, one at the end of 2021, and one in 22. And at the end of 2021. By now, I was treating long COVID cases around the world. And I was of the opinion that non COVID is just a milder allergic reaction on the eighth day that didn't kill but because it wasn't treated, it stayed for a long time and kept waxing and waning. Like a bad example from from an allergy you know, treating it somebody feel better. Some days it's worse and you drink something you're allergic to it wasn't the entire thing. So there were these other factors playing into this long COVID scenario. And a lot of the patients that I treated like an allergy recovered. I got the best benefits. Treating people like this was a long term allergic reaction. But there was a small subset of people who kept rebounding. Every time I pulled the meds away. When they were better. They started to worsen again. And this was very strange. I couldn't seem to suppress this reaction and keep it suppressed. So in that in that light Scott, if someone came to me, they had eaten a peanut and they got a bad allergy and I treat them the result. And when I take the medication away, they remain result. But if they keep rebounding then it's likely that they still got that peanut in their mouth. And they haven't spat it out just yet. So they keep having a reaction when I think, well, we got to look at these people and figure out what we missing. And the only thing that came to mind in my article that I had written in 2020. I mentioned that the Chinese have found a positive PCR link to soap. And we should be clearing a fecal oral route to the transmission of this virus. But nobody did that. Nobody looked at that. And I mean if we have a fecal oral route of spread, then you could pick it up in a public toilet without anyone being in there. Surfaces become more important in the way it gets

submitted. So yeah, I knew that this was the and I noticed that with these cases of long COVID one common denominator was that the majority of them have gotten upset. Either heartburn or reflux or bloating or runny tummies, all these gastrointestinal symptoms, nausea, and of course it started with the loss of smell and taste right up in your notes. So, looking at that, I spoke to the researchers around me and said you know, we missing this, we should have been looking at urine and stool samples as well. Because a year after that article was published, where I mentioned the fecal oral route, they found it in sewage. And I thought you found it in sewage. Why aren't you looking at where that switch came from? I mean, the guy didn't cough in the toilet and it appeared in sewage. So why aren't you looking at stool samples, but it never happened. And so now we were with these long COVID complications we were forced to try and look at to find some clarity. So we thought that the virus had damaged the gut. And so we tried everything to restore it, but it just wasn't working for some patients when we put them on probiotics. There was a subset that seemed to worsen on probiotics, which is very strange. That never happened to me before. That a probiotic would worsen an illness. So we contacted a researcher in Italy, Carlo Brown, he was looking at stool and urine samples. And we we had published one article and was about to publish the second but it was having difficulty. The essence of his work, Scott, was that he looked at stool samples from first what he did was did a PCR swab, both nasal and rectal on every positive COVID patient he had every day. And he found that every patient had a positive rectal swab from day one, which meant that this virus was in your stool from the day you picked it up.